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Abuse Of Subsidized Health Care: The View From One Exam Room

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I learned a lot about the cost of health care when I had a hybrid general surgery practice in California's rural San Joaquin Valley. My practice consisted of uninsured women with breast cancer combined with a smaller percentage of cosmetic patients whose cash payments for "vanity care" subsidized the treatment of women unable to pay for needed medical treatment.

Although patients seeking cosmetic services tend to be healthy, I evaluated them like any other patient. I asked about medical history, allergies, medications and genetic disorders.

Upon questioning Sherry S., a pretty 46-year-old seeking wrinkle relief, I learned that four of her immediate family members had been diagnosed with breast or colon cancer before 50. Alarmed, I asked why she had not had the recommended screening mammogram for more than four years. She said that she knew already that her risk for developing breast cancer was likely higher than that of most women. "But I don't have insurance," she replied.

A screening mammogram could be obtained for about \$90 and was discounted or free at local facilities every October for "Breast Cancer Awareness Month." She smiled when I proposed a deal: If she were to get a screening mammogram within 60 days of her treatment, I would offer a discount on what she paid me for cosmetic services.

"I'll think about it," she said, then shelled out over \$400 for Botox injections that took me 10 minutes to administer.

Five months later, when she returned for her next wrinkle treatment, she still had not obtained a mammogram.

I encountered patients who gladly paid upward of \$1,000 in cash for laser hair removal treatments. The paperwork filled out during their initial consultation asked them to indicate whether or not they had health insurance. Several hair-removal patients reported being covered by Medi-Cal, the government-funded health coverage for California's low-income population.

A friend of mine sells private health insurance plans. He told me of the 39-year-old father of two whose family was quoted a monthly insurance premium of \$250.

"Are you kidding?" he said, refusing the coverage. "That's almost as much as my boat payment!"

When serving in the rural health center in my community, my colleagues and I offered free or discounted care for a large number of patients. Many were covered by Medi-Cal or one of dozens of state programs paid for by the taxpayers of California.

The following items were commonly seen on patients or carried by their dependent children, who were also covered by subsidized programs:

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- Cell phones and BlackBerry PDAs, including just-released models with a price tag of \$400, plus an ongoing monthly service fee of \$65-\$150.
 - iPods and portable DVD players.
 - Game Boys and handheld electronic games.
 - Artificial fingernails requiring maintenance every two weeks at a cost of \$40-\$60 per salon visit.
 - Elaborate braided hair weaves, \$300 per session plus frequent maintenance.
 - Custom-designed body art, including tattoos covering the entire torso, neck and arms, as well as body jewelry piercing every skin surface imaginable — and a few unimaginable ones.
- Custom tattoo work, particularly the "portrait-type" and "half sleeve" art popular in this area, runs from \$100-\$300 per hour and can require up to 20 hours of work, depending on the complexity of the design.
- From the office I shared with another doctor at the clinic, I had a clear view of the patient parking lot. It was not unusual for me to see clinic patients drive away in late-model SUVs or cars customized in the style popular in my area.
- I was given an education about the after-market accessories I saw daily, including "mag" wheels, chrome trim, spinning hubcaps and fancy custom paint jobs. Gasoline prices were particularly high in central California at that time.
- I overheard patients and their children chatting as I wrote in their charts. Many had an excellent command of the plotlines of cable TV shows aired only on premium channels. Basic cable in my area cost over \$50 per month, with premium channels extra.
- I also overheard the front-desk clinic staff members explain politely to angry patients that they did, in fact, have to make \$5 co-pays for an office visit or meet their \$20 "share of cost" on a \$600 bill as required by Medi-Cal.
- Like many of my colleagues in rural communities with few resources, I did care for patients who actually lived in poverty. For them, luxury meant keeping the utilities on and having clean clothes for a rare visit to the doctor.
- In California's Central Valley, "dirt poor" is not just a phrase. But these patients, who rewarded me in ways that don't fit in the lines on any tax return, were outnumbered by others who considered health care a lower budget priority than decorated skin and expensive toys.
- Individuals in this country have a right to decide how — and how not — to spend their money. But that right does not include accepting entitlements without sharing responsibility. Doing so contributes to the high cost of care that burdens every unsubsidized patient.
- If individuals prefer to buy luxury items rather than pay for their health needs, that preference should not be rewarded while taxpayers struggle to pay their own bills.
- Halderman was a breast cancer surgeon until unsustainable Medicaid payment practices contributed to her practice's closure. She now serves as the health care policy adviser for state Sen. Sam Aanestad while continuing to provide trauma and emergency services in rural communities.